Notice of Section 527 Status

OMB No. 1545-1693

(July 2000)

Department of the Treasury Internal Revenue Service

Part I General Information	30		
1 Name of organization	/	brl	Employer identification number
	for Chery ambor, street, and room or suite n	tlua	91 2000 759
PO Box 73			
City or town, state, and ZIP coo	WA 98027		
4a Name of custodian of records	. Pflug . COM		
4a Name of custodian of records	J 4b Cust	odian's address 202.03 292.vd	1. CE
Colleen Gil			
	(SON /	Maple Valley, Lact person's address	1A 49038
5a Name of contact person		SAME AS ABO	U F
Cheryl Pf	`/	JULICE LAND LANDS	·
Cheryl IT	ing		
6 Business address of organization	on (it-different from mailing address	s snown above). Number, street,	and room or suite number
City or town, state, and ZIP coo	le .		
Part II Purpose			
7 Describe the purpose of the org	 janization		
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Jiw Re-election	to State	Representation to	r WAshing tow State
		110/14/001140	i closery les evere
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			B HOG O'S ZOOD S
	d Entities (see instructions)	ſ	OGDEN
8a Name of related entity	8b Relationship	8c Address	
, <u>-</u>			
<u></u>			

Sign Here

Signature of authorized official

) /-31-0C